



TOWN OF MAYNARD MASSACHUSETTS

For Assessors' Use Only

Date Received:

Application #:

Parcel ID:

APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION

LOW INCOME PERSONS – LOW OR MODERATE INCOME SENIORS FISCAL YEAR 2008 N

General Laws Chapter 44B

Return to:

The Maynard Board of Assessors
Municipal Building
195 Main Street
Maynard, MA 01754

INSTRUCTIONS: Complete all sections. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____	Telephone Number _____
Social Security Nbr. _____	Marital Status _____
Were you 60 years or older on January 1, 2007? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes and first year of application, please attach copy of birth certificate</i>	
Legal residence (domicile) on January 1, 2007 _____	
Nbr. _____	Street _____ City/Town _____ Zip Code _____
Mailing address (if different) _____	
Nbr. _____	Street _____ City/Town _____ Zip Code _____
Location of Property: _____ Nbr. of dwelling units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other <input type="checkbox"/> _____	
Did you own the property on January 1, 2007? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, were you:</i> <input type="checkbox"/> Sole Owner, <input type="checkbox"/> Co-owner with spouse only, <input type="checkbox"/> Co-owner with others	
Was the property subject to a trust as of January 1, 2007? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please attach a copy of the trust instrument including all schedules.</i>	
Have you been granted any exemption in any other city or town for this fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, name of city or town</i> _____ <i>Type of exemption</i> _____	

B. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, the application and all accompanying documents and statements are true, correct and complete.

Signature _____

Date _____

If signed by an agent, attach copy of written authorization to sign on behalf of taxpayer.

YOU MUST ALSO COMPLETE SCHEDULES C THRU F ON FOLLOWING PAGES

FILING THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR SURCHARGE.
TO AVOID INTEREST AND COLLECTION CHARGES, YOU MUST PAY SURCHARGE AS FILLED BY DUE DATE.
IF EXEMPTION IS GRANTED AND SURCHARGE IS PAID IN FULL, REFUND WILL BE MADE.

C. HOUSEHOLD MEMBERS. List all members of your household on January 1 and provide requested information.

	Full Name (First, Middle, Last)	Relationship to Applicant	Date of Birth	Occupation or School Grade	Social Security Nbr.
1.					
2.					
3.					
4.					
5.					
6.					
7.					

D. HOUSEHOLD OUT OF POCKET MEDICAL EXPENSES DURING CALENDAR 2006

List total medical expenses incurred by all household members during preceding calendar year (2006) that were not paid or reimbursed by employer, public or private health insurance or other third party. Include amounts paid in health insurance premiums, co-payments, deductibles and other out of pocket expenses. Documentation may be requested to verify expenses claimed.

TYPE OF EXPENSE	TOTAL OUT OF POCKET
Health Insurance Premiums	\$
Doctors	\$
Hospitals	\$
Diagnostic Tests	\$
Prescription Drugs	\$
Medical Equipment	\$
Other	\$
TOTAL OUT OF POCKET	\$

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

☐ Age

☐ Ownership

☐ Occupancy

	Gross Income	Dependant Deduction	Medical Deduction	CPA Income
Applicant				
Co-owner 1				
Co-owner				

Assessed Surcharge	\$
Exempted surcharge	\$
Adjusted surcharge	\$

☐ GRANTED

☐ DENIED

BOARD OF ASSESSORS

Date Voted	
Certificate Nbr.	
Date Cert/Notice Sent	

Date: _____

E. HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR.

List income received from all sources from each member of household 18 and older and not full time student during calendar before January 1. Please list members in same order as shown in Schedule B above. Copies of federal and state income tax returns maybe requested to verify income reported for each household member.

Applicant Name	Member 1 Name	Member 2 Name	Member 3 Name

TYPE OF INCOME

Wages, salaries, other compensation	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Other pension/retirement benefits	\$	\$	\$	\$
\$Interest/dividends	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Net profits from business or profession	\$	\$	\$	\$
Capital Gains	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Public Assistance	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Disability Compensation	\$	\$	\$	\$
\$Other (specify	\$	\$	\$	\$
	\$	\$	\$	\$
Total Gross Income – Members	\$	\$	\$	\$
Total Gross Income – Household				\$

Continue list on attachment, in same format, as necessary.

F. CO-OWNERS' HOUSEHOLD GROSS INCOME DURING PRECEDING CALENDAR YEAR.

Does Schedule E above include the gross income of all co-owners of the property as of January 1, 2007?

☐ Yes, ☐ No.

If no, a Schedule B, C and E must be attached for each co-owner not included.
